

City of Portland, Maine - Building or Use Permit Application
 389 Congress Street, 04101 Tel: (207) 874-8703, Fax: (207) 874-8716

PERMIT ISSUED

Permit No: 01-0913	Issue Date: 7/27/01	CBL: 016 F024001
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Location of Construction: 1 St Lawrence St	Owner Name: Casco Bay Ventures	Owner Address: 223 Woodvale Rd PORTLAND	Phone:
Business Name: n/a	Contractor Name: Jims Plumbing & Heating Inc.	Contractor Address: 98 Lamb Rd Westbrook	Phone: 2078548068
Lessee/Buyer's Name: n/a	Phone: n/a	Permit Type: HVAC	Zone:

Past Use: Multi Family	Proposed Use: Multi Family / Install Gas Heating System	Permit Fee: \$30.00	Cost of Work: \$0.00	CEO District: 1
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Proposed Project Description: Install Heating System	FIRE DEPT: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied INSPECTION: Use Group: <u>HVAC</u> Type: <u>AR-2</u> Signature: PEDESTRIAN ACTIVITIES DISTRICT (P.A.D.) Action: <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Signature: _____ Date: _____
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Permit Taken By: gg	Date Applied For: 07/25/2001	Zoning Approval
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1. This permit application does not preclude the Applicant(s) from meeting applicable State and Federal Rules. 2. Building permits do not include plumbing, septic or electrical work. 3. Building permits are void if work is not started within six (6) months of the date of issuance. False information may invalidate a building permit and stop all work..	Special Zone or Reviews <input type="checkbox"/> Shoreland <input type="checkbox"/> Wetland <input type="checkbox"/> Flood Zone <input type="checkbox"/> Subdivision <input type="checkbox"/> Site Plan Maj <input type="checkbox"/> Minor <input type="checkbox"/> MM <input type="checkbox"/> Date: _____	Zoning Appeal <input type="checkbox"/> Variance <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Conditional Use <input type="checkbox"/> Interpretation <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Historic Preservation <input type="checkbox"/> Not in District or Landmark <input type="checkbox"/> Does Not Require Review <input type="checkbox"/> Requires Review <input type="checkbox"/> Approved <input type="checkbox"/> Approved w/Conditions <input type="checkbox"/> Denied Date: _____
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CERTIFICATION

I hereby certify that I am the owner of record of the named property, or that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and I agree to conform to all applicable laws of this jurisdiction. In addition, if a permit for work described in the application is issued, I certify that the code official's authorized representative shall have the authority to enter all areas covered by such permit at any reasonable hour to enforce the provision of the code(s) applicable to such permit.

SIGNATURE OF APPLICANT	ADDRESS	DATE	PHONE
RESPONSIBLE PERSON IN CHARGE OF WORK, TITLE		DATE	PHONE



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT HEATING OR POWER EQUIPMENT

010913

CBL# 16.F.24

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 1 ST Lawrence ST Use of Building MULTIPLE Fam Date 2/23/01
 Name and address of owner of appliance CASCO Bay Ventures
223 Woodville Rd Falmouth Me
 Installer's name and address JIM'S PLUMBING Heating INC
98 Lewis Woodbrook #4092 Telephone 8548068

Location of appliance:

- Basement Floor
 Attic Roof

Type of Fuel:

- Gas Oil Solid

Appliance Name: Burnham American

U.L. Approved Yes No

Will appliance be installed in accordance with the manufacture's installation instructions? Yes No

IF NO Explain: _____

The Type of License of Installer:

- Master Plumber # 1948
 Solid Fuel # _____
 Oil # _____
 Gas # PNT 5451
 Other _____

Type of Chimney:

- Masonry Lined
 Factory built _____

- Metal
 Factory Built U.L. Listing # _____

Direct Vent
 Type _____ UL# _____

Type of Fuel Tank

- Oil
 Gas

Size of Tank _____

Number of Tanks 3 boilers

Distance from Tank to Center of Flame _____ feet.

Approved

Fire: AM

Ele.: _____

Bldg.: [Signature]

Signature of Installer _____

Approved with Conditions

- See attached letter or requirement

\$ 30.⁰⁰

1/23
 CH -
 Receipt w/
 Plumber Receipt